662-578-0022

10 ELECTION CYCLE	Delbert Hosemann SECRETARY OF STATE
Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Judicial Election	CEIVE
Name of Committee Committee to Elect Phonels Mason Amis Address 211 Vide St. Betesville, MS 38606 Telephone (de 2-563-0055 Fax 662-578-002-2	OCT 2 6 2010 Campaign Finance Secretary of State
Treasurer Hakely S. Shipp Email bsshipper gmail-com	DATESTAMP
Check here if above is different from previous report	
TYPE OF REPORT May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)	Mandatory
June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)	Mandatory
July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)	Mandatory
October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)	Mandatory
October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)	
November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)	
January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010) Termination Report (Candidate will no longer accept contributions or make campaign Requirement expenditures and has no outstanding campaign debt obligation) obligation	red to terminate reporting
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures.	such case, the candidate ditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in at Ann. § 23-15-807 (b) (ii) and (iii).	cordance with Miss. Code
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the rep falls on a weakend or a holiday, the office must be in actual receipt of the required reports by 5 day before the deadline. Faxed reports are acceptable.	orting day. If the deadline 100 p.m. on the first working
REPORTED CONTRIBUTIONS AND DISBURSEMEN Itemized + Non-itemized = This Period	Calendar
Total amount of contributions \$1,000° +\$500° \$1,500° \$	12,856 92
1 27.08	12,301.01
Total amount of cash on hand \$55499	
1. 118. It is a first the second of the book of the book of the book of the second of	

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) st. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit velid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statuwide, State district, mutil-county and all legislative offices should return form to Secretary of State, Firections Division, P. D. Box 136, Jackson, MS 39205 or fax in 601-153-1499 or 601-876-2019.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

T-923 P003/004 F-478

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Name of Candidate or Committee	Committee to Elect Phonds Mason	Annie	
Reporting period 15 10	through 10 23 10		

ITEMIZED DISBURSEMENTS

A. Full name By V Magazine	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 44	10/20/10	s 1,125°
City, State, Zip Code Darlive, MS 38623		\$
Purpose of Disbursement (Optional) Masszine Archertisement	Aggregate Year-to-date	\$ 1,125 °
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	\$
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	2
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		s
Purpose of Disburgement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	_/_/_	\$
City, State, Zlp Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

	_ 1 . 1		
	Page of		
Name of Candidate or Committee Countilee to Fleet Chorle	Mayor his		
Reporting period 10 10 through 10 23 10			
ITEMIZED RECEIPTS			

	11 10	
A Source: ① Corporation ① PAC (Mindividual ① Loan ① Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jesse Mike Amis	10,18,10	\$1,00000
Meiling Address 2.19 Pollard St.		\$
City, State, Zip Gode Ratesville, MS 38606		s
Name of Employer (Required) Dikic Nursing Care		\$
Occupation (Required)	Aggregate year-to-date	\$ 2,10000
B. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: ① Corporation ② PAC ② Individual ② Loan ② Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: D Corporation D PAC D Individual D Loan D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$